

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: Linwood City School District County: 01 Atlantic
Employee Organization: Linwood Education Association Employees in Unit: 120 FTE
Base Year Contract Term: 7-1-07 to 6-30-10 New Contract Term 7-1-2010 to 6-30-2013
Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

FTE		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic			
Teachers	Item 1 <u>73.3</u> Salary w/incre & longevity	<u>6,224,388-</u>	<u>6,442,549-</u>
	Item 2 Increment included		
	Item 3 Longevity included		
Custod/main	Item 4 <u>10.3</u> Salary inc long & increment	<u>312,762</u>	<u>323,725</u>
Secretary	Item 5 Salary all included	<u>200,969</u>	<u>208,012</u>
	Item 6		
	Item 7		
Paras/Aides	Item 8		
	Item 9 <u>29.7</u> Hourly - Projected	<u>508,964</u>	<u>526,778</u>
	Item 10		
Technician	Item 11		
	Item 12 <u>1</u> Salary	<u>46,800</u>	<u>50,000</u>
Any additional items list on separate sheet Additional Items			
Section III: Totals - Sum of costs in each column		<u>7293,883</u> (Total)	<u>7,551,064</u> (Total)

* starting Salary increased 3.5% each yr after

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	<u>4.7%</u>	<u>10-11</u>	<u>11-12</u>	<u>12-13</u>
Effective Date (m/d/yyyy)	<u>3.5%</u>	<u>3.5%</u>	<u>3.5%</u>	
Percent Increase	<u>257,181</u>	<u>244,287</u>	<u>273,537</u>	
Total cost of increase	<u>755,064</u>	<u>781,535</u>	<u>8,088,888</u>	
Total base salary (successor agreement)				

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 3.5% salary
Dollar Impact (average per year over term of agreement) _____

Section VI

Health Insurance (indicate costs associated on each line)

Base Year	Year 1	Year 2	Year 3
Cost of Health Plan	0%	1.5% of Salary or 4% of Premium	
Employee Contributions			
Prescription	8.5%	4%	4%
Dental	20%	20%	20%
Vision	\$250	\$250	\$250

(No longer can accumulate)

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by: Teri J. Weeks Title: School Business Administrator
Signature: Teri J. Weeks Date: 5-22-12

Settle 3/30/10